Schedule E)		PAGE 1 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report	t Amends report filed	
Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination
·		09 21 2014
Mailing Address 317 Farris Rd Apt 1		Amount
City State Z	ip Code	20.00
Conway AR 7	72034	Transaction ID : c9b2920c-7269-4671-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Royce W Martin		09 / 21 / 2014
Mailing Address 317 Farris Rd Apt 1		Amount
City State Z	Zip Code	7.50
Conway AR 7	72034	Transaction ID : 2e8041b2-8307-491b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 21 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	96839.38 Disb 2014	ursement For: Primary
•	'	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	ally Filed] Date	09 / 23 / 2014
- <del>y</del> <del></del>		

Schedule E)	LIVI EXI LIVI	SITORIES	PAGE 2 OF 32 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	<b>▼</b>
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	
Sandra L Clarke			09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code	20.00	,
Conway	AR	72032	Transaction ID: 161da341-1888-46a5-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / 21 / 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	.,,	96839.38	Disbursement For: Primary General 2014 Other (specify) ▶	al
Full Name of Payee			Date of Public Distribution/Dissemination	ı
Sandra L Clarke			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1254 Fleming St Apt 6			Amount	_
City	State	Zip Code	7.50	
Conway	AR	72032	Transaction ID : bab5aa10-608b-4299-9 Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	09 / 21 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President State: AR	
Calendar Year-To-Date Per Election for Office Sought		96839.38	Disbursement For: ☐ Primary ☐ Gener 2014 ☐ Other (specify) ▶	ral
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 27.50	
(a) 30210112 of norm200 masportation Expone			21.00	_
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·	
	didate or authorize		not made in cooperation, consultation, or concer of either, or (if the reporting entity is not a politica	
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 / 23 / 2014	
Signature				

Schedule E)	VI EXI END	TIONES	<u> </u>	PAGE 3 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Miranda A Resinos			Date of Public	Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd			09 Amount	21 2014
			Amount	
City	State	Zip Code		50.00
Alma	AR	72921		: c513c87c-fb29-4dc1-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M - M /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7	96839.38	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Miranda A Resinos			M M / 09	21 2014
Mailing Address 1430 Sunnyside Rd			Amount	
City	State	Zip Code		6.90
Alma	AR	72921		: 009551f2-6d2d-4565-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	96839.38	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			56.90
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	litures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 23	2014
Signature				

Schedule E)	VI EXI ENE	TI OILO		PAGE 4 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Thomas Dias			09	21 / 2014
Mailing Address 110 Maryella Dr			Amount	
City	State	Zip Code		30.00
Searcy	AR	72143		D: 6242bce8-3b33-4116-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	96839.38	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Thomas Dias			09	21 / 2014
Mailing Address 110 Maryella Dr			Amount	
City	State	Zip Code		13.50
Searcy	AR	72143		: 7cb456e6-769f-4114-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	77	96839.38	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res			43.50
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7	4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 / 23	2014
<del></del>				

Schedule E)	DENT EXTEND	HONES	<b>⊢</b>	PAGE 5 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ashley n Thompson			09	21 / 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		52.00
Lexington	NC	27295		: 2c937a6d-8036-426d-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		320789.68	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Randy G Lookabill			09 /	21 / 2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code	<u> </u>	52.00
Lexington	NC	27295		: d6e936c2-d7f7-40a9-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	320789.68	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures			104.00
				7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	1 2 2
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 23	2014
5.g. (a.a.)				

Schedule E)	PAGE 6 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amer	M M / D D / Y Y Y Y Y
Check if 24-hour report 48-hour report New report Amel	ands report filed on
Full Name of Payee Randy G Lookabill	Date of Public Distribution/Dissemination  09  09  09  09  09
Mailing Address 200 Carawood Lane	Amount
City State Zip Code	15.00
Lexington NC 27295	Transaction ID : 30ff28fe-5822-42c2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 09 / 21 / 2014
Name of Federal Candidate	upport Office Sought: House District: 00
Ma Kasallanaa	ppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 320789.68	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Pamela Hooper	Date of Public Distribution/Dissemination  09  21  2014
Mailing Address 502 N Oak St	Amount
City State Zip Code	40.00
Little Rock AR 72205	Transaction ID : 764fe2ea-9bf4-49e2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 09 / 21 / 2014
Name of Federal Candidate Su	upport Office Sought: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought 96839.38	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 23 2014
Signature	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed on	/ D = D / Y = Y = Y
	lic Distribution/Dissemination
Pamela Hooper	21 2014
Mailing Address 502 N Oak St  Amount	
City State Zip Code	6.30
=:::::	ID: 0afc2b22-99e1-4a6d-b oursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02  M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014 Other (s	Primary
	olic Distribution/Dissemination
Patrice Wolfe	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd Amount	
City State Zip Code	27.50
Date of Disl	ID: df234d61-80b3-4562-b bursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001  09	21 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	33.80
	75
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 09 23	2014

	Tieddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Patrice Wolfe	09
	Mailing Address 9909 Treasure Hill Rd	Amount
ŀ	City State Zip Code	2.70
	Little Rock AR 72205	Transaction ID: b7e14386-d5af-4fb5-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 21 / 2014
ŀ	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary ⊠ General  Other (specify) ▶
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
	Logan B Piper	09 21 2014
	Mailing Address 3205 Pebble Beach Rd	Amount
-	City State Zip Code	12.00
	Conway AR 72034	Transaction ID: e8bdb925-6d8c-4799-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / 21 / 2014
ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	14.70
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	09 23 2014
_	Signature	المنتقدا لندا ك

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S	chedule E)	PAGE 9 OF 32 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on Man / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Logan B Piper	09 21 2014
	Mailing Address 3205 Pebble Beach Rd	Amount
	City State Zip Code	10.41
	Conway AR 72034	Transaction ID: 85bb94d2-4932-41ec-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 21 7 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kinsey E Beck	09 21 2014
	Mailing Address 103 Glenhaven Ct	Amount
	City State Zip Code	50.00
	Harvest AL 35749	Transaction ID : 5d0a4221-4efe-494d-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / 21 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary  General  Other (specify) ▶
	'	
	(a) SUBTOTAL of Itemized Independent Expenditures	60.41
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	[F1 +	09 23 2014
	Signature Date	25 2014

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Heather N Montgomery				09
Mailing Address 106 Wyncrest Ct			Amo	unt
City	State	Zip Code		50.00
Hendersonville	TN	37075		saction ID : 827bdad0-4c4c-4ffb-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 21 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		96839.38	Disburseme 2014	nt For:
Full Name of Payee			<u> </u>	of Public Distribution/Dissemination
Heather N Montgomery			Date	09 21 2014
Mailing Address 106 Wyncrest Ct			Amo	
City	State	Zip Code		33.60
Hendersonville	TN	37075		action ID : f5e3bf3c-87c9-4fff-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 21 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		Oppose	Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought		96839.38	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		<b>.</b>	83.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		··· •	171171171
(c) TOTAL Independent Expenditures			··· <b>&gt;</b>	7 . 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Dat	te 09	23 2014
Signature				

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OF

Schedule E)	DENT EXICID	ITOTILO	<b>⊢</b>	PAGE 11 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on	D D / Y T Y T Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			09	21 / 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		65.00
Ville Platte	LA	70586		D: e452889b-737e-41c5-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought		123397.48	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			09	21 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		20.40
Ville Platte	LA	70586		: 1f173d14-5214-4198-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / 09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		123397.48	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures		·	85.40
			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 2
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M M / D D D 23	2014

Schedule E)	. 1.1511 01120	PAGE 12 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M - M / D - D / Y - Y - Y - Y
Check if 24-hour report X 48-hour report	New report Amends report file	d on
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd		09 21 2014
3 3 23 230 33 Blewton Id		Amount
City State	Zip Code	50.00
goldonna LA	71031	Transaction ID: d5fa0d30-e50b-47b8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	123397.48 Disk 2014	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Billy Martin		09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd		Amount
City	7in Codo	270
City State goldonna LA	Zip Code 71031	2.70  Transaction ID : 56b2ff40-f5ab-4042-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 21 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	123397.48 Disl 201	oursement For: Primary General  Other (specify)
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	52.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	09 23 2014
Signature		

Sch	nedule E)		01120			PAGE 13 OF 32 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Chec	ck if 24-hour report X 48-hour report New	w report	t Amends repor	t filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee			Date	of Public	: Distribution/Dissemination
	Anthony Pearson				M M /	21 / 2014
	Mailing Address 112 apache Dr			Amo	unt	
	City State	Z	Zip Code	$ \Gamma$		25.00
	Search AR	7	72149			D: ee007c7e-464d-4830-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	] [	09	21 / 2014
Ī	Name of Federal Candidate		Support	Office Soug	ıht:	House District: 00
	Mr. Mark L Pryor		X Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	96	6839.38	Disburseme	ent For: Other (sp	Primary ☐ General ecify) ►
	Full Name of Payee					Distribution/Dissemination
	Anthony Pearson				M M /	D D / Y Y Y Y Y
-	Mailing Address 112 anache Dr				09	21 2014
	Mailing Address 112 apache Dr			Amo	ount	
	City State	Z	Zip Code			3.60
	Search AR		72149			9: 6b149f32-922e-40a1-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	]	09	21 2014
	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
L	Mr. Mark L Pryor		Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	96839.38	Disburseme 2014	ent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	-	28.60
(k	b) SUBTOTAL of Unitemized Independent Expenditures			<b>-</b>	1 7	
(0	c) TOTAL Independent Expenditures			•		
W	nder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectronica	ally Filed] Date	M = M 09	23	2014
	Signature					

Schedule E)	PENT EXICIT	SHORLS	PAGE 14 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Claire A Smith			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6610 Walcott Rd			Amount
City	State	Zip Code	20.00
Paragoud	AR	72450	Transaction ID : b5aace88-7d5f-4f77-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		96839.38	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			09 / 21 / 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID : bb0ee2fd-9415-4ffe-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		123397.48	Disbursement For:  Primary  ☐ General 2014  Gther (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 50.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 23 2014
Signature			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	ends report filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	09 21 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1,17
Lafayette LA 70503	Transaction ID : ff88c0db-ce4c-4af7-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 09 / 21 / 2014
Name of Federal Candidate S	upport Office Sought: House District: 00
Ma Marriel Landieur	ppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 123397.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	09 21 2014
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	65.00
Ville Platte LA 70586	Transaction ID : 8a91fbc8-6f50-4091-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 09 / 21 / 2014
Name of Federal Candidate	support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  123397.48	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	66.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 23 2014
Signature	لتنتا ليا ليا

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OF

Schedule E)	EXI EIID	101120		PAGE 16 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M	f Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amour	nt
City	State	Zip Code		16.20
Ville Platte	LA	70586		action ID: 8d6bd140-7b64-4c28-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	23397.48	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Lourdes Lopez				09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2936 Brushwood Ave			Amour	
City	State	Zip Code		60.00
Springdale	AR	72764	Transa	ction ID: d0cd11b6-916c-4c97-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 21 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	96839.38	Disbursement 2014 Of	t For:
			-	
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	76.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 09	23 2014
Signature				

Sc	hedule E)		PAGE 17 OF 32 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New re	report Amends repor	t filed on
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Lourdes Lopez		09 21 2014
	Mailing Address 2936 Brushwood Ave		Amount
ŀ	City State	Zip Code	19.50
	Springdale AR	72764	Transaction ID: de0797f2-87e4-4deb-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought	96839.38	Disbursement For:  Primary  General  2014  Other (specify) ▶
Ī	Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination
	•		09 / 21 / 2014
	Mailing Address 2121 Daniel Dr		Amount
ŀ	City State	Zip Code	35.00
	Searcy AR	72143	Transaction ID : d9e98004-bdd4-4a0a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09 / 21 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought	96839.38	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		54.50
`	a) 665.5 m2 6. no202		
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(	(c) TOTAL Independent Expenditures		<b>•</b>
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	ronically Filed] Date	09 23 2014
	Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	lew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Kaitlyn B Allen	09 21 2014
Mailing Address 2121 Daniel Dr	Amount
City State	Zip Code 20.40
Searcy AR	72143 Transaction ID : ecc88ea3-af5f-448a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 21 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Joneisha Stewart  Mailing Address 2329 Runnymede Dr	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State	Zip Code 60.00
Marrero LA	70072 Transaction ID : 0f666afa-9acb-48eb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 / 21 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	80.40
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 09 23 2014
Signature	

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OF

Sched	ule E)	I EXI END	101120		PAGE 19 OF 32 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y Y
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
	Name of Payee neisha Stewart				of Public Distribution/Dissemination
Maili	ing Address 2329 Runnymede Dr			Amour	09 21 2014 nt
0''		21.1	7: 0 !		5.40
City Mar	rrero	State LA	Zip Code 70072		5.10 action ID : 4e2c815d-6436-4c86-b
	pose of Expenditure eage		Category/ Type 002		of Disbursement or Obligation  9 21 2014
Nam	ne of Federal Candidate		Support	Office Sought	t: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	. 1	23397.48	Disbursement 2014 Of	t For: Primary
	Name of Payee			Date of	of Public Distribution/Dissemination
Ke	enny Wallis			M	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 6412 Osage Dr			A	
				Amou	nı
City		State	Zip Code		45.00
	rth Little rock	AR	72116	Transa Date of	ction ID: 8b31e42e-8752-426d-a of Disbursement or Obligation
Purp Sal	oose of Expenditure ary		Category/ Type 001	M	09 / 21 / 2014
Nam	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	<b>7</b>	96839.38	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) S	UBTOTAL of Itemized Independent Expenditure	es		•	50.10
(b) S	UBTOTAL of Unitemized Independent Expendit	ures		•	
(c) T	OTAL Independent Expenditures			•	7
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	23 / 2014
Si	gnature				

Sch	nedule E)	EXI ENDI	TOTILO				PAGE 20 OF 32 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Kenny Wallis					M = M	c Distribution/Dissemination
ı	Mailing Address 6412 Osage Dr				Amo	09 unt	21 2014
	City	State	Zip Code				10.83
	North Little rock	AR	72116				ID: d7f6af8f-4f49-402f-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M 09	21 / 2014
1	Name of Federal Candidate		<u> </u>	Support	Office Soug	ıht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		96839.38		Disburseme	ent For: Other (sp	Primary ☐ General Decify) ▶
	Full Name of Payee Adam Rock  Mailing Address 307 Farris Rd Apt 1				Date	09	c Distribution/Dissemination
					7.11.0	unt	
	City Conway	State AR	Zip Code 72034		Trans	saction II	10.00 D: 51ab1e2b-dd84-448f-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 09	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		<u>'                                    </u>	Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		96839.38	8	Disburseme 2014	ent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures.	;			· -		20.83
(b	b) SUBTOTAL of Unitemized Independent Expenditur	res			· • [		
(c	c) TOTAL Independent Expenditures				· [	-	
wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	23	/ Y Y Y Y Y Y 2014
	Signature						

Sch	nedule E)	IXI EIIDI	101120				PAGE 21 OF 32 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	rt filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Adam Rock					of Public	c Distribution/Dissemination
1	Mailing Address 307 Farris Rd Apt 1				Amo	09	21 2014
			-: 0 d				0.40
	- ',	tate AR	Zip Code 72034				2.10 ID: 0e94f7c4-50ed-48b9-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M 09	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	President Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		96839.38		Disburseme	nt For: Other (sp	Primary
	Full Name of Payee Kaleigh J Wagner				Date	of Publi	c Distribution/Dissemination
	Mailing Address 18065 Wayne Rd				Amo	unt	
	City St	tate	Zip Code				95.00
		FL	33556		Trans Date	of Disbu	D: 363590b0-a404-4140-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\Box \mid \Box$	09	21 / 2014
	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		96839.38	8	Disburseme 2014	ent For: Other (sp	Primary ⊠ General Decify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures				· []		97.10
(b	b) SUBTOTAL of Unitemized Independent Expenditures	\$					
(c	c) TOTAL Independent Expenditures				· [		1 4 1 2
wi	nder penalty of perjury I certify that the independent e ith, or at the request or suggestion of, any candidate o arty committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M /	23	/ Y Y Y Y Y Y 2014
	Signature						

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Randy M Gold		09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr		Amount
City State	e Zip Code	95.00
Elgin SC		Transaction ID : 296436be-c7f8-42c9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 21 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office 9	Sought: House District:00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	96839.38 Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Randy M Gold		09 21 2014
Mailing Address 1436 Haigs Creek Dr		Amount
City Stat	e Zip Code	51.00
Elgin SC		Transaction ID: 1a8be105-b4b8-4f2a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 21 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	96839.38 Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	146.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 09	23 2014
Signature		

PAGE

OF

Schedule E)	1121 0111 01 111021 21	IDEITI EXI EIID			PAGE 23 OF 32 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24	-hour report X 48-hour repo	ort New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name o	f Payee Green				of Public Distribution/Dissemination
	ess 2506 Bolch Street			— L	09 21 2014
				Amour	nt
City		State	Zip Code		60.00
Shreveport		LA	71104		action ID: 75820334-7323-4e8e-9 of Disbursement or Obligation
Purpose of I Salary	Expenditure		Category/ Type 001	М	09 / 21 / 2014
Name of Fe	deral Candidate		Support	Office Sought	:: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought	1	23397.48	Disbursement 2014 Ot	For: Primary
Full Name o	f Pavee				of Public Distribution/Dissemination
Gregory				M	-M / D D / Y Y Y Y
Mailing Addr	ress 2506 Bolch Street			<u> </u>	09 21 2014
	2000 BOIGH Street			Amour	nt
City		State	Zip Code		22.80
Shreveport		LA	71104	Transa Date o	ction ID : 1babc329-5336-48d7-a of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	М	09 / 21 / 2014
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	ent X Senate State: LA
	ar Year-To-Date oction for Office Sought		123397.48	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTA	AL of Itemized Independent Exp	enditures		• •	82.80
(b) SUBTOTA	AL of Unitemized Independent E	expenditures			
(c) TOTAL In	dependent Expenditures			•	
with, or at the		candidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	23 2014
Signature					

Schedule E)	IN EXICID	TIONES	PAGE 24 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			09
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	60.00
Shreveport	LA	71119	Transaction ID: 2442526f-9706-4ee0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 21 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	123397.48	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			09 21 Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	12.00
Shreveport	LA	71119	Transaction ID : 3865f042-3f77-46b2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	123397.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		72.00
			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 23 7 2014
- 3			

Scł	hedule E)				AGE 25 OF 32 OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
W	omen Speak Out PAC				00530766
 Che	eck if 24-hour report X 48-hour report New report Am	nends repo	ort filed on	- M /	D = D / Y = Y = Y
Т	Full Name of Payee		Date o	of Public D	Distribution/Dissemination
	James A Sears			09 /	21 / 2014
	Mailing Address 305 Averroe Dr		Amour	nt	
F	City State Zip Code		<u> —</u> Г.		60.00
Ĭ	Apex NC 27502				: 5e88d840-8fcc-4525-a ement or Obligation
Ī	Purpose of Expenditure Salary  Category/ Type			09 /	21 2014
1	Name of Federal Candidate	Support	Office Sought	H-	House District:00
	Ma Kasallanan	Oppose	Preside		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 320789.68		Disbursement 2014 Ot	t For:	Primary
Γ	Full Name of Payee				Distribution/Dissemination
	Chris McCoy		М	09 /	21 2014
-	Mailing Address 1025 Cayley Ct			09	21 2014
	.020 00,10, 01		Amou	nt	
	City State Zip Code				75.00
	High Point NC 27260		Transa Date o	ction ID :	46290be3-9488-4ccb-9 ement or Obligation
	Purpose of Expenditure Salary  Category/ Type			09 /	21 / 2014
Ī	Name of Federal Candidate	Support	Office Sough	t:	House District:00
	Ms. Kay Hagan	Oppose	Preside	ent X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 320789.6	;8	Disbursement 2014 O	t For:	Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures		· •	7	135.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures		· •	-	
(0	c) TOTAL Independent Expenditures		· [		
W	Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee coarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date	e 09	23	2014
	Signature	Date	, III		

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 26 OF 32 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	<b>▼</b>
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Chris McCoy			09 / 21 / 2014	Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	14.40	
High Point	NC	27260	Transaction ID: e12aaedb-cea6-4c50-b Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 21 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	320789.68	Disbursement For: Primary General Quite General Quite General	al —
Full Name of Payee			Date of Public Distribution/Dissemination	
Danielle McCoy			09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	70.00	П
High Point	NC	27260	Transaction ID: a0141737-06e6-45f1-a Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought		320789.68	Disbursement For: Primary Gener 2014 Other (specify) ▶	al .
(a) SUBTOTAL of Itemized Independent Exper	ditures		84.40	
(,,			7 7	-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
	ndidate or authorize		not made in cooperation, consultation, or concer f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 23 / 2014	

Schedule E)		ENT EXI END			PAGE 27 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTE	` ,				FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	· <u></u>				
Full Name of Payer Danielle Mc	Coy				of Public Distribution/Dissemination  9 21 2014
Mailing Address <sub>1</sub>	025 Cayley Ct			Amou	nt
City		State	Zip Code	— I	15.30
High Point		NC	27260		action ID: b286793b-a568-4ad3-a of Disbursement or Obligation
Purpose of Expend Mileage	diture		Category/ Type 002	M	09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal (	Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	ent State: NC
Calendar Yea Per Election f	r-To-Date for Office Sought	-	320789.68	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Paye				Date	of Public Distribution/Dissemination
Eleanor McC	oy			N	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	4902 Catawba Dr				2014
				Amou	nt
City		State	Zip Code		60.00
Greensboro		NC	27407	Transa Date	oction ID: dcc37c8d-d423-4dd5-9 of Disbursement or Obligation
Purpose of Expen Salary	diture		Category/ Type 001	N	09 / 21 / 2014
Name of Federal	Candidate		Support	Office Sough	it: House District: 00
Ms. Kay Hagan			Oppose	Preside	
Calendar Yea Per Election	r-To-Date for Office Sought		320789.68	Disbursemen 2014	ther (specify) ▶
(a) SUBTOTAL of	Itemized Independent Expend	itures		•	75.30
(b) SUBTOTAL of	Unitemized Independent Expe	nditures		·· •	7 1 7 1 7
(c) TOTAL Indepen	dent Expenditures			· •	7
with, or at the requi		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. En	nily Buchanan	[Electron	nically Filed] Date	e 09	23 2014
Signature			_		

Schedule E)	ALI LINDLINI LAI LINDI	TOTILO		PAGE 28 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC		C00530766		
Check if 24-hour report X 48-h	nour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Eleanor McCoy			Date of Public	c Distribution/Dissemination
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		14.40
Greensboro	NC	27407		ID: 920374e6-9b51-4671-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	320789.68	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Todd Ellis			Date of Publi	ic Distribution/Dissemination
Mailing Address P.O. Box 712			09	21 2014
			Amount	
City	State	Zip Code		30.00
Alexander	AR	72002	Transaction II  Date of Disbi	D: 15b5061c-e03a-4c7a-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		96839.38	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	dent Expenditures			44.40
(4) 332131112 21 1111	Siii 2/p3//3//2/22			
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		• •	7
(c) TOTAL Independent Expenditures	3		•	
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 / 23	/ Y Y Y Y Y Y 2014
Signature		_		

Schedule E)		VI =/( =/( = /( = /	1101120		PAGE 29 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Todd Ellis					of Public Distribution/Dissemination
Mailing Address P.O. Bo	 Dx 712			Amou	09 21 2014
011		01-1-	70.004		14.40
City Alexander		State AR	Zip Code 72002		14.40  action ID : a7fc734c-ca9e-45c1-a  of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002	M	09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candid	late		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	
Calendar Year-To-Da Per Election for Offi		7 7	96839.38	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Amelia Brackett  Mailing Address 804 F	Roundabout Circle				of Public Distribution/Dissemination  09
City		State	Zip Code		35.00
Searcy		AR	72143	<b>Transa</b> Date	ction ID : 0d3aeee4-87b9-48fa-9 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001	N.	09 / 21 / 2014
Name of Federal Candid	late		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Year-To-Da Per Election for Off		7 7	96839.38	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemize	ed Independent Expenditu	res			49.40
(b) SUBTOTAL of Uniter	nized Independent Expend	litures		· •	7 1 7 1 7
(c) TOTAL Independent E	Expenditures			· •	7 1 7 1 7
	suggestion of, any candid	late or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buc	chanan	[Electron	nically Filed] Date	e 09 /	23 2014
Signature					

Sch	edule E)	IXI LITEI	101120				PAGE 30 OF 32 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Amer	nds repo	rt filed on	M = M /	D = D / Y = Y = Y
F	Full Name of Payee  Jackson S Tuttle						c Distribution/Dissemination
L	Mailing Address 404 Chancery Park Ct				. L	09	21 2014
					Amo	unt	
(	City St	tate	Zip Code				35.00
		NC	27284				ID: e428f1d4-0f9c-46d7-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	] [	09	21 2014
1	Name of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00
	Ms. Kay Hagan		X Op	pose	Presid	lent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3:	20789.68		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Т	Jackson S Tuttle					M M M	21 2014
Ī	Mailing Address 404 Chancery Park Ct					00	2014
ı	·				Amo	unt	
(	City St	tate	Zip Code				6.00
		NC	27284		Trans Date	action II of Disbu	D: 9319cb3d-a3ed-4ffe-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	] [	M M M 09	21 2014
	Name of Federal Candidate		Su	ıpport	Office Soug	ht:	House District: 00
L	Ms. Kay Hagan		X Op	opose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		320789.68		Disburseme 2014	nt For: Other (sp	Primary ⊠ General Decify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures			•••••	<b>•</b>		41.00
(b	substitute of Unitermized Independent Expenditures	>			· [	1 7	7
(c	) TOTAL Independent Expenditures				•		1 1 2 1 2 1
wi	nder penalty of perjury I certify that the independent eth, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	23	/ Y Y Y Y Y Y 2014
	Signature	_	_				

Schedule E)	PENT EXTEND	TIONES	PAGE 31 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			09 / 21 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	60.00
New Orleans	LA	70131	Transaction ID : 348ff603-eee3-4359-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	123397.48	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			09 21 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	13.50
New Orleans	LA	70131	Transaction ID : e1f3f0ad-dbbc-4eaa-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		123397.48	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	ditures		73.50
			7 7 7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 23 2014
<b>3</b>			

Schedule E)	W ENDITORIES	PAGE 32 OF 32 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Kelly Dolan		09 21 2014
Mailing Address 543 S 2nd St		Amount
City State	e Zip Code	60.00
Bellaire NC	·	Transaction ID : 2045e231-d597-493a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	123397.48 Disk 2014	oursement For:  Primary  General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Kelly Dolan		M M / D D / Y Y Y Y Y
Mailing Address 543 S 2nd St		09 21 2014
5 5 5 5 2 10 5 1		Amount
City State	e Zip Code	8.10
Bellaire NC	77401	Transaction ID : 650d1724-39e4-4d75-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 21 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	123397.48 Dist 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	•	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>_</b>	2040.81
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	09 23 2014
Signature		